STATEMENT O	F ORGANIZATION	OFFICE USE ONLY
1. Name and Address of Committee The Committee to Elect	2. Date of this Statement 01/07/2016	5/0
Jennifer Van Vrancken Council Post Office Box 55970 Metairie, LA 70055-5970	2 Estimated Mambarship	_ 7/2
	50	
Check If: New Committee	4. Amended Statement?	4-896333 #1118
All Committee Officers and Directors (including	YesX_No Chairperson, Treasurer, if any, and any other committee	
a. <u>Name</u> b. <u>Pos</u> i E. John Litchfield _{Cha} i	c. Address 201 St. Charle New Orleans, 1	es Ave Suite 4204 LA 70170 es Ave Suite 4204
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.) a. Name b. Address c. Relationship to Committee		
5. <u>7.150.</u>		
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)		
a. <u>Name</u> b. <u>Address</u>		
First NBC Bank 210 Baronne Street New Orleans LA 70112		
8. IF THIS COMMITTEE SUPPORTS A SINGLE COmmittee	CANDIDATE: a. Check one: X Principal C	ampaign Committee Subsidiary
b. Name of Candidate Jennifer Var	n Vrancken	c. Office Sought by the Candidate Council District 5 Jefferson Rarish
9. a. Name of Person Preparing Report Ca	arey B. Daste	112
b. Daytime Telephone (504) 799-6378	2
10. WE HEREBY CERTIFY that the information co and belief.	ntained in this STATEMENT OF ORGANIZATION is tru	e and correct to the best of our kn dedge, information
This 7th day of January	2016	SAP.)
Signature of Complete Chaire		504) 799-6370
Signature of Committee Chairperso		Daytime Telephone Number
Signature of Committee Treasures	if any (!	504) 799-6378 Daytime Telephone Number